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## \*BIBDATASHEET\*

CONFIRMATION NO. 8601

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/039,993	<b>FILING OR 371(c) DATE</b> 01/04/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 1889.001.US
<b>APPLICANTS</b> Robert Hines, Fayetteville, NC; Ernest L. Bonner JR., Alameda, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/311,985 05/14/1999 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/01/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 27
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23661				
<b>TITLE</b> Method of treating erectile dysfunction				
<b>FILING FEE RECEIVED</b> 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	